

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Mooney for Congress</div>			
ADDRESS (number and street) PO Box 1863			
CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Martinsburg WV 25402 </div>			
2. NAME OF CANDIDATE Alexander Xavier Mooney	3. OFFICE SOUGHT (State and District) House WV 02		4. FEC IDENTIFICATION NUMBER C00506774
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">AMY CENTANNI</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">1155 15TH ST. NW, SUITE 410</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> WASHINGTON DC 20005-2748 </div>	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Transaction ID : TX3489</div> Occupation INFORMATION REQUESTED PER BI	Date (month, day, year) 05/05/2014	Amount 2600.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">MICHAEL CENTANNI</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">1155 15TH ST. NW SUITE 410</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> WASHINGTON DC 20005-2748 </div>	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Transaction ID : TX3485</div> Occupation INFORMATION REQUESTED PER BI	Date (month, day, year) 05/05/2014	Amount 2600.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional) Edward Wilson <div style="text-align: right; margin-top: 10px;">[Electronically Filed]</div>	DATE 05/07/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
--	---------------------------	--

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)